

CHECKLIST**TYPE OF APPLICATION** (Check all that apply.)

☐ NEW application. (This application is being submitted to the PHS for the first time.)

☐ REVISION of application number: _____
(This application replaces a prior unfunded version of a new, competing continuation, or supplemental application.)

☐ COMPETING CONTINUATION of grant number: _____
(This application is to extend a funded grant beyond its current project period.)

INVENTIONS AND PATENTS (Competing continuation appl. only)

☐ No

☐ Previously reported

☐ Yes. If "Yes,"

☐ Not previously reported

☐ SUPPLEMENT to grant number: _____
(This application is for additional funds to supplement a currently funded grant.)

☐ CHANGE of principal investigator/program director.
Name of former principal investigator/program director: _____

☐ FOREIGN application or significant foreign component.

1. ASSURANCES/CERTIFICATIONS

The following assurances/certifications are made and verified by the signature of the Official Signing for Applicant Organization on the Face Page of the application. Descriptions of individual assurances/certifications begin on page 27 of Section III. If unable to certify compliance where applicable, provide an explanation and place it after this page.

•Human Subjects; •Vertebrate Animals; •Debarment and Suspension; •Drug-Free Workplace (applicable to new [Type 1] or revised [Type 1] applications only); •Lobbying; •Delinquent Federal Debt; •Research Misconduct; •Civil Rights (Form HHS 441 or HHS 690); •Handicapped Individuals (Form HHS 641 or HHS 690); •Sex Discrimination (Form HHS 639-A or HHS 690); •Age Discrimination (Form HHS 680 or HHS 690); •Financial Conflict of Interest.

2. PROGRAM INCOME (See instructions, page 19.)

All applications must indicate whether program income is anticipated during the period(s) for which grant support is requested. If program income is anticipated, use the format below to reflect the amount and source(s).

| Budget Period | Anticipated Amount | Source(s) |
|---------------|--------------------|-----------|
| | | |

3. FACILITIES AND ADMINISTRATION COSTS (F & A)

Indicate the applicant organization's most recent F & A cost rate established with the appropriate DHHS Regional Office, or, in the case of for-profit organizations, the rate established with the appropriate PHS Agency Cost Advisory Office. If the applicant organization is in the process of initially developing or renegotiating a rate, or has established a rate with another Federal agency, it should, immediately upon notification that an award will be made, develop a tentative F & A cost rate proposal. This is to be based on its

most recently completed fiscal year in accordance with the principles set forth in the pertinent DHHS Guide for Establishing Indirect Cost Rates, and submitted to the appropriate DHHS Regional Office or PHS Agency Cost Advisory Office. F & A costs will **not** be paid on foreign grants, construction grants, grants to Federal organizations, grants to individuals, and conference grants. Follow any additional instructions provided for Research Career Awards, Institutional National Research Service Awards, and specialized grant applications.

☐ DHHS Agreement dated: _____

☐ No Facilities and Administration Costs Requested.

☐ DHHS Agreement being negotiated with _____ Regional Office.

☐ No DHHS Agreement, but rate established with _____ Date _____

CALCULATION* (The entire grant application, including the Checklist, will be reproduced and provided to peer reviewers as confidential information. Supplying the following information on F & A costs is optional for for-profit organizations.)

a. Initial budget period: Amount of base \$ _____ x Rate applied _____ % = F & A costs (1) \$ _____

b. Entire proposed project period: Amount of base \$ _____ x Rate applied _____ % = F & A costs (2) \$ _____

(1) Add to total direct costs from form page 4 and enter new total on Face Page, Item 7b.

(2) Add to total direct costs from form page 5 and enter new total on Face Page, Item 8b.

*Check appropriate box(es):

☐ Salary and wages base

☐ Modified total direct cost base

☐ Other base (Explain)

☐ Off-site, other special rate, or more than one rate involved (Explain)

Explanation (Attach separate sheet, if necessary.):

4. SMOKE-FREE WORKPLACE

Does your organization currently provide a smoke-free workplace and/or promote the nonuse of tobacco products or have plans to do so?

☐ Yes ☐ No (The response to this question has no impact on the review or funding of this application.)